

CITY OF ARCHDALE

APPLICATION FOR CONDITIONAL ZONING DISTRICT

Applicant				
Applicant's Address				
Applicant's Telephone Number				
A six hundred dollar (\$600.00) filing f	ee is required for any Condit	ional Zoning District.		
Application is hereby made to the Cit is followed by a list of intended condi		nal Zoning District for the following purpose a es to abide by:	and	
			_	
			_	
			_	
			_	
Property Owner				
Deed is recorded in Book	, Page			
County Name	, Parcel Identif	, Parcel Identification (PIN) #,		
Subdivision	Section	Lot #(s)		

Exact location of Property (Plat reference or Street Add	ress)
Area of Property (sq. ft. or acres)	
Present Zoning District	
With this application, please submit the following:	
locate the lot on the ground.	ied by the applicant by first class mail. of the lot; if the lot is not a lot of record, enough data to
and of any other buildings, or other structu C. The existing and intended use of the lot and	res already on the lot. d of all structures upon it. RICT WILL BE ADVERTISED FOR PUBLIC HEARING UNTIL
It is understood by the undersigned that if the Condition this request will be perpetually bound to the use(s) unless subsequently changed or amended as provided	anal Zoning District is authorized, the property involved in authorized and subject to such conditions as imposed, for in the Zoning Ordinance. It is further understood and be made pursuant to any such Conditional Zoning District
Name of Applicant (if different from owner)	Signature of Owner
Applicant's Address	Owner's Address
Applicant's Telephone	Owner's Telephone
Complete application received/	